

**CAMPAIGN CONTRIBUTIONS  
AND EXPENSES REPORT**

City of Las Vegas/State of Nevada

**Robert D. Glover** Las Vegas City Council Ward 6

Name (print) **6456 Red Sun Drive Las Vegas NV 89149 702-645-084**  
Office (if applicable)  
District (if applicable)  
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Telephone No.

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

- ☒ **Report #1 — Due March 29, 2005**  
Period: Jan. 1, 2005 — Mar. 24, 2005
- ☐ **Report #2 — Due May 31, 2005**  
Period: Mar. 25, 2005 — May 26, 2005
- ☐ **Report #3 Due — July 15, 2005**  
Period: May 27, 2005 — June 30, 2005

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**CONTRIBUTIONS SUMMARY**

1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

<del>0</del>	<del>0</del>
<del>0</del>	<del>0</del>

This Period

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

3. **Total Amount of Monetary Contributions Received**  
(Add Lines 1 and 2)
4. Total Value of In Kind Contributions Received in Excess of \$100

<del>0</del>	<del>0</del>
<del>0</del>	<del>0</del>

**EXPENSES SUMMARY**

5. Total Monetary Expenses Paid in Excess of \$100
6. Total Monetary Expenses Paid of \$100 or Less
7. **Total Amount of All Monetary Expenses Paid**  
(Add Lines 5 and 6)
8. Total Value of In Kind Expenses in Excess of \$100

<del>0</del>
<del>0</del>
<del>0</del>

**AFFIRMATION**

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Date

## Report Period # 1

Name (print) \_\_\_\_\_

Office (if applicable)

District (if applicable)

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## CAMPAIGN EXPENSES

Report Period

#

1

Name (print)

Robert D. Glover Las Vegas City Council Ward 6

Office (if applicable)

District (if applicable)

## Expense Categories

CATEGORIES		CODE
	<del>Ø</del>	
Office expenses	<del>Ø</del>	A
Expenses related to volunteers	<del>Ø</del>	B
Expenses related to travel	<del>Ø</del>	C
Expenses related to advertising	<del>Ø</del>	D
Expenses related to paid staff	<del>Ø</del>	E
Expenses related to consultants	<del>Ø</del>	F
Expenses related to polling	<del>Ø</del>	G
Expenses related to special events	<del>Ø</del>	H
** Goods and services provided in kind for which money would otherwise have been paid	<del>Ø</del>	I
Other miscellaneous expenses	<del>Ø</del>	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	<del>Ø</del>	K

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**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES Robert D. Glover

Report Period # 1

Name (print)

Office (if applicable)

District (if applicable)

### Expenses in Excess of \$100

**Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary**

[illegible]

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